

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Line Oak
 Town of Miami
 or
 City of _____ No. 2-33 Line Oak Hill St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Laura Ellen Bouldin (If child is not yet named, make supplemental report, as directed.)

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 116
 County Registrar No. 93
 Local Registrar No. _____

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No., in order of birth _____
 6. Legitimate? Yes
 7. Date of birth March 5 1927
 Month Day Year

8. FATHER Full name <u>Charlie William Bouldin</u>		14. MOTHER Full maiden name <u>Allie May Garvin</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.	
10. Color or race <u>White</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>17</u> (Years)
12. Birthplace (city or place) _____ (State or country) <u>Texas</u>		18. Birthplace (city or place) _____ (State or country) <u>Texas</u>	
13. Occupation <u>miner</u> Nature of industry _____		19. Occupation <u>Housewife</u> Nature of industry _____	

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:18 A. m. on the date above stated
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature J. J. Fowler (Physician or midwife).
 Address Miami, Arizona
 Given name added from a supplemental report. Filed March 12, 1927 Local Registrar.
 Month, day, year

Registrar

Filed _____, 19____

County Registrar.

375-305-176